



Second International Conference on  
**Computational Intelligence in Medicine and Healthcare**  
*The BIOPATTERN Conference*

29th June - 1st July 2005, Costa da Caparica, Lisbon, Portugal

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**CIMED2005 Registration Form**

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**Registration ID:** \_\_\_\_\_ (to be filled by the organization)

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Title Prof./Mr/Mrs:	<input type="text"/>	Gender (M/F):	<input type="text"/>
First name:	<input type="text"/>		
Last name:	<input type="text"/>		
Institutional Affiliation:	<input type="text"/>		
Country:	<input type="text"/>		
Email Address:	<input type="text"/>		
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Mailing Address:	<input type="text"/>		

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Registration type	Regular	IEE/IEEE Member
Full registration (received by 9 May)	___ x €70.00	___ x €30.00
Full registration (received after 9 May)	___ x €120.00	___ x €380.00
Student registration (received by 9 May)	___ x €200.00	___ x €180.00
Student registration (received after 9 May)	___ x €20.00	___ x €200.00
Day delegate fee	___ x €150.00	___ x €120.00

**Total**

IEE/IEEE member number (if applicable):

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**Paying method:** Bank Transfer

Account details:

**Bank Name:** Caixa Geral de Depositos  
**Bank Agency:** FCT-MT CAPARICA  
**IBAN:** PT50003502980000174843103

**Note:** You **must** include the following information on your bank transfer documents in order for your payments to be processed:  
- Name  
- Registration Number

Name to appear in the invoice:

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**Presenter details:** Paper id number (if applicable): \_\_\_\_\_

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**NOTE:** Don't forget to **print** this form and **send** it and the **bank transfer receipt** by FAX to:

**CIMED 2005**  
FAX: +351 212 941 253  
Phone: +351 212 948 380

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**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_